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ABSTRACT

This paper discusses the importance of early identification and early intervention for at-risk learning disabled children. In order to ensure an adequate education for all children, parents and teachers must become diagnosticians who identify and meet the needs of at-risk children early enough to prevent serious problems. Eleven questions were developed to provide guidelines to assist parents and teachers in the identification process and to provide a tool for the construction of a profile of the at-risk child. The questions ask: Is the child hyperactive or lethargic? Is the child uncoordinated? Does the child exhibit preseveration behavior (i.e., does he/she repeat the same motion or action over and over again)? Does the child suffer from emotional problems? And finally, does the child have problems with perception, symbolization, attention span, memory, speech, or developmental tasks? When a child is evaluated and found to be at risk, a program to assist the child must be developed. At-risk children do not need to be pushed into academic learning, but require time to practice and over-learn skills, adult assistance in an unhurried atmosphere, specific direction, choices within skill areas, and, most of all, success. (MDM)

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GUIDELINES FOR EARLY IDENTIFICATION AND STRATEGIES FOR EARLY INTERVENTION OF AT-RISK LEARNING DISABLED CHILDREN.

REGLES POUR IDENTIFIER ET UNE INTERVENTION PRECOCE POUR LES ENFANTS PRESENTANT UN RISQUE DE PROBLEMS SCOLAIRES.

GUIA PARA LA IDENTIFICACION TEMPRANA Y PLAN DE TRAMIENTO TEMPRANO PARA NINOS A RIESGO DE ADQUIRIR PROBLEMAS DE APPRENDIZAJE.

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In order to ensure education for all children it is necessary to be aware of the problem of at-risk learning disabled children. One of the greatest challenges of the 1990's is, as Lerner (1989) states, the need to "stem the tide of educational disaster and reclaim for the future its children at risk." This challenge requires early childhood educators to learn to look at children in a new way. Not only do we need to look at skills that are mastered, we need to look carefully at those skills not mastered and find out why. Every parent and teacher must become a diagnostician to identify and meet the needs of at-risk children early enough to prevent serious problems. All children deserve a good start in school, however, some children need extra help to facilitate their learning and development so that they can reach their potential. This paper presents a discussion of the importance of early identification and early intervention for at-risk learning disabled children. Several sources were consulted to provide evidence from authorities in this new field and from authorities in the field of learning disabilities. Eleven questions were developed to provide guidelines to assist parents and teachers in the early identification process. These eleven questions provide a tool for the construction of a profile of the at-risk child. The profile will assist the teacher in the identification of at-risk children and in better meeting the educational needs of each child. Strategies for the development of an early intervention program to meet the special needs of at-risk children will be presented. The goal of this paper is to describe the early identification process by providing guidelines which can be easily, effectively, and inexpensively used and to describe early intervention strategies to help meet the needs of at-risk children.

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Guidelines for Early Identification and Strategies for Early Intervention of At-Risk Learning Disabled Children

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One of the greatest challenges facing early childhood education today is the need, as Lerner (1989) states, to "stem the tide of educational disaster and reclaim for the future its children at-risk." This challenge requires early childhood educators to learn to look at children in a new way. Not only do we need to look at skills that are mastered, we need to look carefully at those skills not mastered and find out why. Today every parent and teacher must become a diagnostician to identify and meet the needs of at-risk children early enough to prevent serious problems.

Children who suffer from learning disabilities are vulnerable for a variety of reasons, however they can be spared failure, frustration, emotional problems and years of being told to "try harder", if their disabilities are diagnosed early. All children deserve a good start in their academic careers, however, some children needs extra help to facilitate their learning and development so that they too can reach their potential. The early identification of problems and enrollment in an early intervention program are two of the most promising ways to help at-risk children. Lerner (1985) agrees and states that "the early identification of preschool children who are likely to encounter difficulty in academic learning and the immediate provision for an early intervention program are proving to be the most dramatic success story in education today. If such preschoolers are identified before they encounter difficulty, potential learning failure can be prevented. The benefits include a substantial

financial savings for society and a significant improvement in the quality of life for these children."

Identification of at-risk children during the early childhood years is vital because during this period in a child's life the foundations on which all future learning will be built are being developed. Educators and child development specialists acknowledge that the years from birth to age six are the most significant.

Lerner, Mardell-Czudnowski, and Goldenberg (1981) state that "the crucial importance of the early years to later success is becoming increasingly evident. Research has verified that the early formative years are the most important as the initial period of development in a child's life. Child development authorities...have...emphasized that these first five or six years are periods of the highest potential growth..."

Once identification is achieved, placement in an early intervention program is necessary to help children reach their highest potential. These programs offer many benefits. Lerner, Mardell-Czudnowski, and Goldenberg (1981) state that identification and early intervention "...is viewed as one of the most promising methods of dealing with special learning needs... All handicapped children can function at higher levels, if appropriate identification and treatment is provided in the early years. Some conditions can be alleviated, some can be overcome to a large extent, while others can be helped so that the child can live a better life... Authorities in all areas of exceptional education...recognize the crucial need for early identification and treatment."

Peterson (1987) provides a rationale for early intervention programs by listing eight major premises which state that early intervention is important because:

"1. During the early years the initial patterns of learning that set the pace for and influence the nature of all subsequent development are established.

2. Research suggests the presence of certain critical periods, particularly during the early years, when a child is most susceptible and responsive to learning experiences.
3. Intelligence and other human capacities are not fixed at birth but, rather, are shaped to some extent by environmental influences and through learning.
4. Handicapping conditions and other factors that render a child at-risk for developmental disabilities can interfere with development and learning so that the original disabilities become more severe and secondary handicaps will appear.
5. A child's environment and early experiences, particularly the degree to which these are nurturing or depriving, have a major effect upon development and learning; both greatly influence the degree to which a child reaches his or her full potential.
6. Early intervention programs can make a significant difference in the developmental status of young children and can do so more rapidly than later remedial efforts after a child has entered elementary school.
7. Parents need special assistance in establishing constructive patterns of parenting with a young handicapped or at-risk child and in providing adequate care, stimulation, and training for their child during the critical early years when basic developmental skills should be acquired.
8. Early intervention implies some economic-social benefits in that prevention or early treatment of developmental problems in young children may reduce more serious, burdensome problems for society to cope with later, including their accompanying costs."

These premises highlight the important research findings in the field. Peterson is saying that we must attempt to prevent rather than remediate later. Sanfilippo (1977) states that "through proper guidance procedures and an early warning system of diagnosis and

prescription, children can be directed into ... programs which are ... tailored to their individual needs and abilities ... Once we let early childhood slip by, the problems encountered in older children are multiplied to levels which make remediation extremely difficult if not impossible ... In early childhood ... (we) are given the opportunity to plan ahead for the child's educational career ... This opportunity must not be passed by and left for higher grades where little help can be accomplished ..."

Once we understand the foundations for early identification and early intervention, we need to ask WHAT ARE THE METHODS WHICH CAN BE USED TO IDENTIFY AT-RISK LEARNING DISABLED CHILDREN? One method, based upon the work of Patricia Myers and Donald Hammil (1976) consists of eleven questions which parents and teachers should ask while observing the child. The data collected by answering these questions can be used for referral purposes. The questions are:

1. IS THE CHILD HYPERACTIVE?

   Does he/she exhibit restless, erratic behavior? Is he/she always in motion, sleeps little, and exhibits a short attention span? This exists on a continuum from mild, moderate to severe.

2. IS THE CHILD HYPOACTIVE?

   Is he/she lethargic, quiet and not as active as other children his/her age?

3. IS THE CHILD UNCOORDINATED?

   Is he/she poor at activities that require gross motor coordination such as running, jumping, skipping rope? Does he/she have problems with activities that require fine motor coordination such as writing, drawing, and cutting? Does he/she have difficulty balancing? Does he/she stumble, fall, and behave clumsily in general?

4. DOES THE CHILD SHOW PERSEVERATION BEHAVIOR?

Does he/she keep doing a task after it is completed? Does he/she repeat words over and over? Is he/she unable to shift ideas verbally or in writing? Does he/she write the same word or letter incorrectly over and over even after correction? Does the child cover the page with the same color or continue to pound a nail even after it is fully embedded?

5. DOES THE CHILD SUFFER FROM EMOTIONAL PROBLEMS?

These problems are usually the result of frustration and anger because the child cannot do what he/she wants to do on the playground or in an academic setting. Is the child bright, quiet and obedient, but a constant daydreamer? Is the child high-strung and nervous? Is it difficult to keep his/her attention? Does the child have temper outbursts? Is the child unable to concentrate and is lacking in self control?

6. DOES THE CHILD SHOW PERCEPTUAL PROBLEMS?

Does he/she walk into things? Does he/she have trouble "seeing" the corners of the coffee table, finding the hidden pictures in a children's magazine? Does the child confuse right and left?

7. DOES THE CHILD HAVE SYMBOLIZATION DIFFICULTIES?

Does he/she have difficulty forming thoughts through spoken language? Does he/she have difficulties using toys to represent different situations other than what is seen on television? Asked to tell more about the toys and what they do in other situations, does the child repeat the same thing?

8. DOES THE CHILD HAVE ATTENTION PROBLEMS?

Is the attention very short? Is he/she easily distracted by anything going on around him/her? Is the attention span too long? Does he/she give too much attention to one unimportant detail overlooking the main idea?

9. DOES THE CHILD HAVE MEMORY PROBLEMS?

Is he/she unable to remember what he/she hears? Is he/she unable to remember what he/she sees?

10. DOES THE CHILD HAVE SPEECH PROBLEMS?

This ranges from a mild lisp to a child who cannot be understood at all.

11. DOES THE CHILD HAVE PROBLEMS WITH DEVELOPMENTAL TASKS?

Within reason, did the child walk or talk on time or late? Has the child kept reasonable pace with peers?

Once these questions are answered, a profile can be constructed and more questions can be asked. Parents can request professional diagnosis and teachers can refer the child for testing. The important aspect of these questions is that they provide a means of looking at the child who is suspected of being at-risk. The most important aspect of the profile generated by these questions is that it is to be presented to professional diagnosticians, developmental psychologists, and medical professionals for further diagnosis.

When a child is evaluated and found to be at-risk, a program to assist the child must be found or developed. The goals of the program should be, according to Peterson (1987) to: "provide an educational environment or to adapt existing ones so they are responsive in ways that do not penalize a child for a handicap ... teach the child special skills that help compensate for his or her disability and overcome some limitations imposed upon learning ... create alternative avenues for learning or performing that circumvent limitations ... by

using special materials, adaptive equipment ... and teaching techniques ... teach developmental skills that should be acquired but may not because of the disability ... help the child acquire adaptive skills leading to greater independence ..."

It is imperative that when a child is identified as at-risk that a program be developed to meet the child's special needs and to help the child learn at an early age to prevent problems that may persist throughout the child's life. The curriculum and environment of the traditional kindergarten provides a special setting for the at-risk child. The program for at-risk child is not remedial, it is foundation building. The goal of the program is to develop skills, understandings, and concepts. The whole child is the focus of this program.

Using the child as the main focus, according to Rudolph and Cohen (1964), the environment becomes one which offers stimulation, interest, and success in a climate of support and encouragement. The classroom offers opportunities to play and learn independently and with others. The experiences are real with adult guidance to introduce the child to book learning. Rudolph and Cohen (1964) state that "...it is this relationship between 'natural' learning and 'book' learning that makes ... (these) experiences so valuable for later school learning." This natural learning environment identifies specific goals which the at-risk child can meet.

The goals for a curriculum for at-risk children should be a combination of what Spodek (1972) lists:

SOCIALIZATION	SELF-EXPRESSION
INTELLECTUAL COMPETENCY	AESTHETIC APPRECIATION
LANGUAGE SKILLS	PHYSICAL SKILLS AND PERSONAL AUTONOMY

and what Lerner et al. (1981) lists:

COGNITIVE SKILLS - knowing, recognizing, developing concepts, organizing ideas, remembering, problem solving, labeling, relating cause and effect, drawing inferences, developing rules and generalizations.

LANGUAGE/COMMUNICATION SKILLS - receptive and expressive.

SOCIAL AND AFFECTIVE SKILLS - schematic and organizational judgment, the affective status of others, socializing, self-concept.

PLAY - four types - exploratory, toy, social, structured game.

PERCEPTUAL MOTOR SKILLS - fine motor, gross motor, movement stimulation, eye-hand coordination.

These goals are met because the traditional kindergarten program addresses the needs of the at-risk child by: providing structure, addressing individual needs, strengths and weaknesses, and allowing children TIME to work at practicing activities in a variety of areas of interest along with a chance to succeed and learn needed skills. Children who are at-risk for potential learning disabilities have not perfected skills which other children of their age have already mastered. Young at-risk children DO NOT need to be pushed into academic learning, but require:

TIME TO PRACTICE AND OVER-LEARN SKILLS

ADULT ASSISTANCE IN AN UNHURRIED ATMOSPHERE

SPECIFIC DIRECTION

CHOICES WITHIN SKILL AREAS and most of all -

SUCCESS

Early identification and early intervention for children at-risk for learning disabilities will help children develop skills, independence, become contributing members of society, and

enrich our culture. The potential these children have for many fields must not be allowed to go unnoticed.

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